

# Pediatric TB Risk Assessment Questionnaire

The following questions are designed to determine whether a TB test is indicated for your pediatric patient.

Name of Child \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_ Date of Screening \_\_\_\_\_

## Questions for Parent/Guardian

## Health Care Provider Follow-up

### 1. Were you or was your child born outside of the United States?

Yes ☐

No ☐

If Yes: Where were you and/or your child born?

If the parent or child was born in Africa, Asia, Latin America, or Eastern Europe, a TST or IGRA should be placed.

### 2. Has your child traveled outside of the United States?

Yes ☐

No ☐

If Yes: Where did your child travel?

How long was your child outside the United States?

If the child has been in Africa, Asia, Latin America, or Eastern Europe for 1 week cumulatively, a TST or IGRA should be placed.

### 3. To your knowledge, has your child been exposed to anyone with TB disease?

Yes ☐

No ☐

If Yes: Did the person have TB disease or latent TB infection?

Yes ☐

No ☐

When did the exposure occur?

What was the nature of the contact?

If confirmed that the child has been exposed to an individual with suspected or known TB disease, a TST or IGRA should be placed.

### 4. To your knowledge, has your child had close contact with a person who has had a positive TB skin test?

Yes ☐

No ☐

If Yes: Did the person have TB disease or latent TB infection?

Yes ☐

No ☐

When did the exposure occur?

What was the nature of the contact?

If confirmed that the child has had close contact with an individual with a positive skin test, a TST or IGRA should be placed.

